



Action Packet

Health Care Regulation Committee

**Wednesday, March 15, 2006
8:45 AM - 11:00 AM
212 Knott Building**

COMMITTEE MEETING REPORT

Health Care Regulation Committee

3/15/2006 8:45:00AM

Location: 212 Knott Building

Attendance:

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
Rene Garcia (Chair)	X		
Dorothy Bendross-Mindingall	X		
Gus Bilirakis	X		
Marsha Bowen	X		
Larry Cretul	X		
Bob Henriquez	X		
Ed Homan	X		
Ralph Poppell	X		
William Proctor	X		
Yolly Roberson	X		
Eleanor Sobel	X		
Totals:	11	0	0

COMMITTEE MEETING REPORT

Health Care Regulation Committee

3/15/2006 8:45:00AM

Location: 212 Knott Building

HB 181 : Administration of Medication

☒ *Favorable With Committee Substitute*

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Dorothy Bendross-Mindingall	X				
Gus Bilirakis	X				
Marsha Bowen	X				
Larry Cretul	X				
Bob Henriquez	X				
Ed Homan	X				
Ralph Poppell	X				
William Proctor	X				
Yolly Roberson			X		
Eleanor Sobel				X	
Rene Garcia (Chair)	X				
Total Yeas: 9		Total Nays: 0			

Appearances:

(waived time in support)

Becky Maguire (State Employee) - Information Only

Agency for Persons with Disabilities

4030 Esplanade Way

Tallahassee Florida 32399

Phone: (850) 414-6924

(waived time in support)

Mark Herron (Lobbyist) - Proponent

Carlton Palm's Education Center

Post Office Box 1701

Tallahassee Florida 32302

Phone: (850) 222-0720

(waived time in support)

Harlow Middleton (General Public) - Information Only

Carlton Palm's Education Center

Churchill Smith Lane

Mt. Dora Florida 32757

Phone: (352) 516-4903

Committee meeting was reported out: Wednesday, March 15, 2006 12:09:09PM

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COMMITTEE MEETING REPORT

Health Care Regulation Committee

3/15/2006 8:45:00AM

Location: 212 Knott Building

HB 715 : Trauma Services

☒ *Favorable With Committee Substitute*

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Dorothy Bendross-Mindingall	X				
Gus Bilirakis	X				
Marsha Bowen	X				
Larry Cretul	X				
Bob Henriquez	X				
Ed Homan	X				
Ralph Poppell	X				
William Proctor	X				
Yolly Roberson			X		
Eleanor Sobel				X	
Rene Garcia (Chair)	X				
Total Yeas: 9		Total Nays: 0			

Appearances:

(waived time in support)

Marco Paredes, Director (Lobbyist) - Proponent

Miami Children's Hospital

3100 Sw 62 Avenue

Miami Florida 33134

Phone: (305) 663-6821

COMMITTEE MEETING REPORT

Health Care Regulation Committee

3/15/2006 8:45:00AM

Location: 212 Knott Building

HB 859 : Physician Assistants

☒ Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Dorothy Bendross-Mindingall			X		
Gus Bilirakis	X				
Marsha Bowen	X				
Larry Cretul	X				
Bob Henriquez	X				
Ed Homan	X				
Ralph Poppell	X				
William Proctor	X				
Yolly Roberson			X		
Eleanor Sobel				X	
Rene Garcia (Chair)	X				
Total Yeas: 8		Total Nays: 0			

Appearances:

(waived time in support)

Juhan Mixon (Lobbyist) - Proponent

Florida Academy of Physician Assistants

119 E. Park Ave.

Tallahassee Florida 32301

Phone: (850) 222-2591

COMMITTEE MEETING REPORT

Health Care Regulation Committee

3/15/2006 8:45:00AM

Location: 212 Knott Building

HB 881 : Physician Licensure Requirements

☒ *Favorable With Committee Substitute*

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Dorothy Bendross-Mindingall	X				
Gus Bilirakis	X				
Marsha Bowen	X				
Larry Cretul	X				
Bob Henriquez	X				
Ed Homan	X				
Ralph Poppell	X				
William Proctor		X			
Yolly Roberson	X				
Eleanor Sobel				X	
Rene Garcia (Chair)	X				
Total Yeas: 9		Total Nays: 1			

Appearances:

Chris Nuland (Lobbyist) - Opponent

Florida Chapter, American College of Physicians

1000 Riverside Ave. #115

Jacksonville Florida 32204

Phone: (904) 355-1555

Mike Paredes, Legislative Affairs Director (Lobbyist) (State Employee) - Information Only

Department of Health

Tallahassee Florida 32317

Phone: (850) 245-4006

Francie Plendl (Lobbyist) - Opponent

Florida Medical Association

123 S. Adams St.

Tallahassee Florida 32302

Phone: (850) 224-6496

COMMITTEE MEETING REPORT

Health Care Regulation Committee

3/15/2006 8:45:00AM

Location: 212 Knott Building

HB 7045 : Review under the Open Government Sunset Review Act regarding Supplemental Rebate Agreements

☒ *Favorable*

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Dorothy Bendross-Mindingall				X	
Gus Bilirakis	X				
Marsha Bowen	X				
Larry Cretul	X				
Bob Henriquez	X				
Ed Homan	X				
Ralph Poppell	X				
William Proctor	X				
Yolly Roberson			X		
Eleanor Sobel				X	
Rene Garcia (Chair)	X				
Total Yeas: 8 Total Nays: 0					

COMMITTEE MEETING REPORT

Health Care Regulation Committee

3/15/2006 8:45:00AM

Location: 212 Knott Building

PCB HCR 06-02 : Licensure of Health Care Providers

☒ Favorable With Amendments (3)

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Dorothy Bendross-Mindingall	X				
Gus Bilirakis	X				
Marsha Bowen	X				
Larry Cretul	X				
Bob Henriquez	X				
Ed Homan	X				
Ralph Poppell	X				
William Proctor	X				
Yolly Roberson	X				
Eleanor Sobel	X				
Rene Garcia (Chair)	X				
Total Yeas: 11		Total Nays: 0			

Appearances:

Molly McKinstry (State Employee) - Information Only
Agency for Health Care Administration
2727 Mahan Dr.
Tallahassee Florida 32308
Phone: (850) 414-9707

COMMITTEE MEETING REPORT

Health Care Regulation Committee

3/15/2006 8:45:00AM

Location: 212 Knott Building

PCB HCR 06-04 : Electronic Prescribing

☒ Favorable

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Dorothy Bendross-Mindingall	X				
Gus Bilirakis	X				
Marsha Bowen	X				
Larry Cretul	X				
Bob Henriquez	X				
Ed Homan	X				
Ralph Poppell	X				
William Proctor	X				
Yolly Roberson	X				
Eleanor Sobel				X	
Rene Garcia (Chair)	X				
Total Yeas: 10		Total Nays: 0			

COMMITTEE MEETING REPORT

Health Care Regulation Committee

3/15/2006 8:45:00AM

Location: 212 Knott Building

Summary:

Health Care Regulation Committee

Wednesday March 15, 2006 08:45 am

HB 181	Favorable With Committee Substitute	Yeas: 9	Nays: 0
HB 715	Favorable With Committee Substitute	Yeas: 9	Nays: 0
HB 859	Favorable With Committee Substitute	Yeas: 8	Nays: 0
HB 881	Favorable With Committee Substitute	Yeas: 9	Nays: 1
HB 7045	Favorable	Yeas: 8	Nays: 0
PCB HCR 06-02	Favorable With Amendments (3)	Yeas: 11	Nays: 0
PCB HCR 06-04	Favorable	Yeas: 10	Nays: 0

Committee meeting was reported out: Wednesday, March 15, 2006 12:09:09PM

Committee/Subcommittee on HEALTH CARE REGULATION Bill No. HB 181
Meeting Date 3-15-06 Time 8:45 Am Place 212 Knott Bldg

☐ Favorable
☐ Favorable with Amendments _____
☒ Favorable with Committee Substitute
☐ Unfavorable
☐ Temporarily Deferred
☐ Reconsidered

[illegible]

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 1 (for drafter's use only)

Bill No. HB 181

COUNCIL/COMMITTEE ACTION

ADOPTED (Y/N)
ADOPTED AS AMENDED (Y/N)
ADOPTED W/O OBJECTION ✓ (Y/N)
FAILED TO ADOPT (Y/N)
WITHDRAWN (Y/N)
OTHER

Council/Committee hearing bill: Health Care Regulation
Representative(s) Hays offered the following:

Amendment (with directory and title amendments)

Remove everything after the enacting clause and insert:

Section 1. Section 393.506, Florida Statutes, is amended
to read:

393.506 Administration of medication.--

(1) A Notwithstanding the provisions of part I of chapter
464, the Nurse Practice Act, unlicensed direct service provider
who is not currently licensed to administer medication care
services staff providing services to persons with developmental
disabilities may supervise the self-administration of or may
administer oral, transdermal, ophthalmic, otic, rectal, inhaled,
or topical prescription medications to a client as provided in
this section.

(2) In order to supervise the self-administration of
medication or to administer medications as provided in
subsection (1), a direct service provider must satisfactorily
complete a medication administration training course of not less

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HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 1 (for drafter's use only)

22 than 4 hours in medication administration and be found competent
23 to supervise the self-administration of medication by a client
24 or to administer medication to a client in a safe and sanitary
25 manner. Competency must be assessed and validated at least
26 annually in an onsite setting and must include personally
27 observing that the direct service provider satisfactorily:

28 (a) Supervised the self-administration of medication by a
29 client.

30 (b) Administered medication to a client.

31 (3) A direct service provider may supervise the self-
32 administration of medication by a client or may administer
33 medication to a client only if the client, or the client's
34 guardian or legal representative, has given his or her informed
35 consent to self-administering medication under the supervision
36 of an unlicensed direct service provider or to receiving
37 medication administered by an unlicensed direct service
38 provider. Such informed consent must be based on a description
39 of the medication routes and procedures that the direct service
40 provider is authorized to supervise or administer. Only a direct
41 service provider who has received appropriate training and has
42 been validated as competent may supervise the self-
43 administration of medication by a client or may administer
44 medication to a client.

45 (4) The determination of competency and annual validation
46 required under this section shall be conducted by a registered
47 nurse licensed pursuant to chapter 464.

48 (5) The agency shall establish by rule standards and
49 procedures that a direct service provider must follow when
50 supervising the self-administration of medication by a client
51 and when administering medication to a client. Such rules must,

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HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 1 (for drafter's use only)

52 at a minimum, address requirements for labeling medication,
53 documentation and recordkeeping, the storage and disposal of
54 medication, instructions concerning the safe administration of
55 medication or supervision of self-administered medication,
56 informed-consent requirements and records, and the training
57 curriculum and validation procedures.

58 ~~(a) For day programs, as defined in s. 393.063, the~~
59 ~~director of the facility or program shall designate in writing~~
60 ~~unlicensed direct care services staff who are eligible to be~~
61 ~~trained to assist in the administration of or to administer~~
62 ~~medication.~~

63 ~~(b) For intermediate care facilities for the~~
64 ~~developmentally disabled licensed pursuant to part XI of chapter~~
65 ~~400, unlicensed staff designated by the director may provide~~
66 ~~medication assistance under the general supervision of a~~
67 ~~registered nurse licensed pursuant to chapter 464.~~

68 ~~(2) Each facility, institution, or program must include in~~
69 ~~its policies and procedures a plan for training designated staff~~
70 ~~to ensure the safe handling, storage, and administration of~~
71 ~~prescription medication. These policies and procedures must be~~
72 ~~approved by the agency before unlicensed direct care services~~
73 ~~staff assist with medication.~~

74 ~~(3) The policies and procedures must include, at a~~
75 ~~minimum, the following provisions:~~

76 ~~(a) An expressed and informed consent for each client.~~

77 ~~(b) The director of the facility, program, or provider~~
78 ~~must maintain a copy of the written prescription, and that~~
79 ~~prescription must include the name of the medication, the dosage~~
80 ~~and administration schedule, the reason for the prescription,~~
81 ~~and the termination date.~~

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HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 1 (for drafter's use only)

~~(c) Each prescribed medication shall be kept in its original container and in a secure location.~~

~~(4) The training required in this section shall be conducted by a registered nurse or a physician licensed pursuant to chapter 458 or chapter 459.~~

Section 2. This act shall take effect upon becoming a law.

===== T I T L E A M E N D M E N T =====

Remove the entire title and insert:

A bill to be entitled

An act relating to administration of medication; amending s. 393.506, F.S.; deleting requirements for unlicensed staff members of direct care service facilities to administer prescribed medications to persons with developmental disabilities; authorizing direct service providers to administer medication to clients or to supervise the self-administration of medication by clients; providing requirements for direct service providers to demonstrate competency regarding supervising the self-administration of medication by clients or administering medication to clients; requiring the Agency for Persons with Disabilities to adopt rules to establish standards and procedures governing the supervision of self-administered medications and the administration of medications by direct service providers; providing an effective date.

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COUNCIL/COMMITTEE ACTION

ADOPTED (Y/N)
ADOPTED AS AMENDED (Y/N)
ADOPTED W/O OBJECTION ✓ (Y/N)
FAILED TO ADOPT (Y/N)
WITHDRAWN (Y/N)
OTHER

1 Council/Committee hearing bill: Health Care Regulation
2 Representative(s) Hays offered the following:

3
4 **Amendment to Amendment (1) by Representative Hays (with**
5 **directory and title amendments)**

6 Remove line(s) 47 and insert:
7
8 nurse licensed pursuant to chapter 464 or a physician licensed
9 pursuant to chapter 458 or chapter 459.

House of Representatives
COMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee on HEALTH CARE REGULATION Bill No. HB 715

Meeting Date 3-15-06 Time 8:45 Am Place 212 Knott Bldg

COMMITTEE ACTION:

☐ Favorable
☒ Favorable with Amendments
☐ Favorable with Committee Substitute
☐ Unfavorable
☐ Temporarily Deferred
☐ Reconsidered

Other Action: _____

[illegible]

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 1 (for drafter's use only)

Bill No. **HB 715**

COUNCIL/COMMITTEE ACTION

ADOPTED ☐ (Y/N)
ADOPTED AS AMENDED ☐ (Y/N)
ADOPTED W/O OBJECTION ☒ (Y/N)
FAILED TO ADOPT ☐ (Y/N)
WITHDRAWN ☐ (Y/N)
OTHER ☐

Council/Committee hearing bill: Health Care Regulation

Representative(s) Grimsley offered the following:

Amendment (with title amendment)

Remove everything after the enacting clause and insert:

Section 1. Section 395.4001, Florida Statutes, is amended to read:

395.4001 Definitions.--As used in this part, the term:

(1) "Agency" means the Agency for Health Care Administration.

(2) "Charity care" or "uncompensated trauma care" means that portion of hospital charges reported to the agency for which there is no compensation, other than restricted or unrestricted revenues provided to a hospital by local governments or tax districts regardless of method of payment, for care provided to a patient whose family income for the 12 months preceding the determination is less than or equal to 200 percent of the federal poverty level, unless the amount of hospital charges due from the patient exceeds 25 percent of the annual family income. However, in no case shall the hospital charges for a patient whose family income exceeds four times the

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 1 (for drafter's use only)

23 federal poverty level for a family of four be considered
24 charity.

25 (3) "Department" means the Department of Health.

26 (4) "Interfacility trauma transfer" means the transfer of
27 a trauma victim between two facilities licensed under this
28 chapter, pursuant to this part.

29 (5) "International Classification Injury Severity Score"
30 means the statistical method for computing the severity of
31 injury sustained by trauma patients. The International
32 Classification Injury Severity Score shall be the methodology
33 used by the department and trauma centers to report the severity
34 of an injury.

35 ~~(6)~~(5) "Level I trauma center" means a trauma center that:

36 (a) Has formal research and education programs for the
37 enhancement of trauma care; is verified by the department to be
38 in substantial compliance with Level I trauma center and
39 pediatric trauma center standards; and has been approved by the
40 department to operate as a Level I trauma center.

41 (b) Serves as a resource facility to Level II trauma
42 centers, pediatric trauma centers, and general hospitals through
43 shared outreach, education, and quality improvement activities.

44 (c) Participates in an inclusive system of trauma care,
45 including providing leadership, system evaluation, and quality
46 improvement activities.

47 ~~(7)~~(6) "Level II trauma center" means a trauma center
48 that:

49 (a) Is verified by the department to be in substantial
50 compliance with Level II trauma center standards and has been
51 approved by the department to operate as a Level II trauma
52 center.

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 1 (for drafter's use only)

(b) Serves as a resource facility to general hospitals through shared outreach, education, and quality improvement activities.

(c) Participates in an inclusive system of trauma care.

(8) "Local funding contribution" means local municipal, county or tax district funding exclusive of any patient specific funds received pursuant to ss. 154.301-154.316; private foundation funding; or public or private grant funding of at least \$150,000 received by a hospital or health care system that operates a trauma center.

~~(9)~~ ~~(7)~~ "Pediatric trauma center" means a hospital that is verified by the department to be in substantial compliance with pediatric trauma center standards as established by rule of the department and has been approved by the department to operate as a pediatric trauma center.

~~(10)~~ ~~(8)~~ "Provisional trauma center" means a hospital that has been verified by the department to be in substantial compliance with the requirements in s. 395.4025 and has been approved by the department to operate as a provisional Level I trauma center, Level II trauma center, or pediatric trauma center.

~~(11)~~ ~~(9)~~ "Trauma agency" means a department-approved agency established and operated by one or more counties, or a department-approved entity with which one or more counties contract, for the purpose of administering an inclusive regional trauma system.

~~(12)~~ ~~(10)~~ "Trauma alert victim" means a person who has incurred a single or multisystem injury due to blunt or penetrating means or burns, who requires immediate medical intervention or treatment, and who meets one or more of the

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 1 (for drafter's use only)

adult or pediatric scorecard criteria established by the department by rule.

(13) "Trauma caseload volume" means the number of trauma patients reported by individual trauma centers to the Trauma Registry and validated by the department.

~~(14)~~~~(11)~~ "Trauma center" means a hospital that has been verified by the department to be in substantial compliance with the requirements in s. 395.4025 and has been approved by the department to operate as a Level I trauma center, Level II trauma center, or pediatric trauma center.

(15) "Trauma patient" means a person who has incurred a physical injury or wound caused by trauma and has accessed a trauma center.

~~(16)~~~~(12)~~ "Trauma scorecard" means a statewide methodology adopted by the department by rule under which a person who has incurred a traumatic injury is graded as to the severity of his or her injuries or illness and which methodology is used as the basis for making destination decisions.

~~(17)~~~~(13)~~ "Trauma transport protocol" means a document which describes the policies, processes, and procedures governing the dispatch of vehicles, the triage, prehospital transport, and interfacility trauma transfer of trauma victims.

~~(18)~~~~(14)~~ "Trauma victim" means any person who has incurred a single or multisystem injury due to blunt or penetrating means or burns and who requires immediate medical intervention or treatment.

Section 2. Section 395.4035, Florida Statutes, is repealed.

Section 3. Subsection (1) of section 395.4036, Florida Statutes, is amended to read:

395.4036 Trauma payments.--

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 1 (for drafter's use only)

(1) Recognizing the Legislature's stated intent to provide financial support to the current verified trauma centers and to provide incentives for the establishment of additional trauma centers as part of a system of state-sponsored trauma centers, the department shall utilize funds collected under s. 318.18(15)(14) and deposited into the Administrative Trust Fund of the department to ensure the availability and accessibility of trauma services throughout the state as provided in this subsection.

(a) Twenty percent of the total funds collected under this subsection during the state fiscal year shall be distributed to verified trauma centers ~~located in a region~~ that have ~~has~~ a local funding contribution as of December 31. Distribution of funds under this paragraph shall be based on trauma caseload volume for the most recent calendar year available.

(b) Forty percent of the total funds collected under this subsection shall be distributed to verified trauma centers based on trauma caseload volume of the most recent ~~previous~~ calendar year available. The determination of caseload volume for distribution of funds under this paragraph shall be based on the department's Trauma Registry data.

(c) Forty percent of the total funds collected under this subsection shall be distributed to verified trauma centers based on severity of trauma patients for the most recent calendar year available. The determination of severity for distribution of funds under this paragraph shall be based on the department's Trauma Registry International Classification Injury Severity Scores or other statistically valid and scientifically accepted methods of stratifying a trauma patient's severity of injury, risk of mortality, and resource consumption as adopted by the department by rule, weighted based on the costs associated with

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 1 (for drafter's use only)

145 and incurred by the trauma center in treating trauma patients.
146 The weighting of scores shall be established by the department
147 by rule scores of 1-14 and 15 plus.

148
149 Funds deposited in the department's Administrative Trust Fund
150 for verified trauma centers may be used to maximize the receipt
151 of federal funds that may be available for such trauma centers.
152 Notwithstanding this section and s. 318.14, distributions to
153 trauma centers may be adjusted in a manner to ensure that total
154 payments to trauma centers represent the same proportional
155 allocation as set forth in this section and s. 318.14. For
156 purposes of this section and s. 318.14, total funds distributed
157 to trauma centers may include revenue from the Administrative
158 Trust Fund and federal funds for which revenue from the
159 Administrative Trust Fund is used to meet state or local
160 matching requirements. Trauma centers may request that their
161 distributions from the Administrative Trust Fund be used as
162 intergovernmental transfer funds in the Medicaid program.
163 Funds collected under ss. 318.14 and 318.18(15) and deposited in
164 the Administrative Trust Fund of the department shall be
165 distributed to trauma centers on a quarterly basis using the
166 most recent calendar year data available. Such data shall not be
167 used for more than four quarterly distributions, unless there
168 are extenuating circumstances as determined by the department,
169 in which case the most recent calendar year data available will
170 continue to be used and as soon as the more recent data becomes
171 available adjustments will be made accordingly.

172 Section 4. Section 395.65, Florida Statutes, is created to
173 read:

174 395.65 Trauma center start-up.--There is established a
175 trauma center start-up grant program.

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 1 (for drafter's use only)

176 (1) The Legislature recognizes the need for a statewide,
177 cohesive, uniform and integrated trauma system, and the
178 Legislature acknowledges that the state has been divided into
179 trauma service areas. Each of the trauma service areas should
180 have at least one trauma center; however some trauma service
181 areas do not have a trauma center because of the significant up-
182 front investment of capital incurred by hospitals to develop the
183 physical space, equipment, and qualified personnel necessary to
184 provide quality trauma services.

185 (2) An acute care general hospital that has submitted a
186 letter of intent and an application to become a trauma center
187 pursuant to s. 395.4025 may apply to the department for a start-
188 up grant. The grant applicant must demonstrate that:

189 (a) There are currently no other trauma centers in the
190 hospital's trauma service area as established under s. 395.402.

191 (b) There is not a trauma center within a 100-mile radius
192 of the proposed trauma center.

193 (c) The hospital has received a local funding contribution
194 as defined under s. 395.4001.

195 (d) The hospital has incurred start-up costs in excess of
196 the amount of grant funding requested.

197 (e) The hospital is pursuing the establishment of a
198 residency program in emergency medicine.

199 (3) Any hospital receiving start-up grant funding that
200 does not become a provisional trauma center within 24-months
201 after submitting an application to become a trauma center must
202 forfeit any state grant funds received pursuant to this section.

203 Section 5. For the 2006-2007 fiscal year only, \$500,000 is
204 appropriated from the General Revenue Fund for deposit into the
205 Administrative Trust Fund in the Department of Health for the
206 purpose of providing trauma center start-up grants under s.

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 1 (for drafter's use only)

207 395.60. No one hospital may receive in excess of \$500,000,
208 start-up grant funding must be matched dollar for dollar with a
209 local funding contribution, and start-up grant funding will only
210 be provided to a hospital one-time.

211 Section 6. This act shall take effect July 1, 2006.

212
213 ===== T I T L E A M E N D M E N T =====

214 Remove the entire title and insert:

215 A bill to be entitled

216 An act relating to trauma services; amending s. 395.4001,
217 F.S.; providing definitions; repealing s. 395.4035, F.S.,
218 to terminate the Trauma Services Trust Fund; amending s.
219 395.4036, F.S.; revising provisions relating to
220 distribution of funds to trauma centers and use thereof;
221 providing grant funding for a trauma center in
222 Tallahassee; providing an appropriation; providing an
223 effective date.

Committee/Subcommittee on HEALTH CARE REGULATION Bill No. HB 859
Meeting Date 3-15-06 Time 8:45 Am Place 212 Knott Bldg

☐ Favorable
☐ Favorable with Amendments _____
☒ Favorable with Committee Substitute
☐ Unfavorable
☐ Temporarily Deferred
☐ Reconsidered

[illegible]

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 1 (for drafter's use only)

Bill No. **HB 859**

COUNCIL/COMMITTEE ACTION

ADOPTED (Y/N)
ADOPTED AS AMENDED (Y/N)
ADOPTED W/O OBJECTION ☒ (Y/N)
FAILED TO ADOPT (Y/N)
WITHDRAWN (Y/N)
OTHER

Council/Committee hearing bill:

Representative(s) Baxley offered the following:

Amendment (with title amendment)

Remove everything after the enacting clause and insert:

Section 1. Subsection (2) of section 458.331, Florida Statutes, is amended to read:

458.331 Grounds for disciplinary action; action by the board and department.--

(2) The board may enter an order denying licensure or imposing any of the penalties in s. 456.072(2) against any applicant for licensure or licensee who is found guilty of violating any provision of subsection (1) of this section or who is found guilty of violating any provision of s. 456.072(1). A probable cause panel considering disciplinary action against a physician assistant pursuant to s. 456.073 shall include one physician assistant holding an active Florida license to practice as a physician assistant who has been designated by the Council on Physician Assistants. The designated physician assistant shall only hear cases involving disciplinary action against physician assistants. If the designated physician

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 1 (for drafter's use only)

23 assistant is not available at the time the case is heard, the
24 panel may consider and vote on the case in the absence of the
25 designated physician assistant. The training requirement set
26 forth in s. 456.307(4) does not apply to the designated
27 physician assistant. Rulemaking as set forth in s. 456.073(4) is
28 not required to implement this section. In determining what
29 action is appropriate, the board must first consider what
30 sanctions are necessary to protect the public or to compensate
31 the patient. Only after those sanctions have been imposed may
32 the disciplining authority consider and include in the order
33 requirements designed to rehabilitate the physician. All costs
34 associated with compliance with orders issued under this
35 subsection are the obligation of the physician.

36 Section 2. Subsection (2) of section 459.015, Florida
37 Statutes, is amended to read:

38 459.015 Grounds for disciplinary action; action by the
39 board and department.--

40 (2) The board may enter an order denying licensure or
41 imposing any of the penalties in s. 456.072(2) against any
42 applicant for licensure or licensee who is found guilty of
43 violating any provision of subsection (1) of this section or who
44 is found guilty of violating any provision of s. 456.072(1). A
45 probable cause panel considering disciplinary action against a
46 physician assistant pursuant to s. 456.073 shall include one
47 physician assistant holding an active Florida license to
48 practice as a physician assistant who has been designated by the
49 Council on Physician Assistants. The designated physician
50 assistant shall only hear cases involving disciplinary action
51 against physician assistants. If the designated physician
52 assistant is not available at the time the case is heard, the
53 panel may consider and vote on the case in the absence of the

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 1 (for drafter's use only)

54 designated physician assistant. The training requirement set
55 forth in s. 456.307(4) does not apply to the designated
56 physician assistant. Rulemaking as set forth in s. 456.073(4) is
57 not required to implement this section. In determining what
58 action is appropriate, the board must first consider what
59 sanctions are necessary to protect the public or to compensate
60 the patient. Only after those sanctions have been imposed may
61 the disciplining authority consider and include in the order
62 requirements designed to rehabilitate the physician. All costs
63 associated with compliance with orders issued under this
64 subsection are the obligation of the physician.

65 Section 3. This act shall take effect July 1, 2006.

66
67 ===== T I T L E A M E N D M E N T =====

68 Remove the entire title and insert:

69 A bill to be entitled

70 An act relating to physician assistants; amending ss.
71 458.331 and 459.015, F.S.; placing a physician assistant
72 on probable cause panels of the Board of Medicine and the
73 Board of Osteopathic Medicine considering discipline of
74 physician assistants; providing exceptions; providing an
75 effective date.

Committee/Subcommittee on HEALTH CARE REGULATION Bill No. HB 881
Meeting Date 3-15-06 Time 8:45 AM Place 212 Knott Bldg.

☐ Favorable
☒ Favorable with Amendments
☐ Favorable with Committee Substitute
☐ Unfavorable
☐ Temporarily Deferred
☐ Reconsidered

[illegible]

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 1 (for drafter's use only)

Bill No. **HB 881**

COUNCIL/COMMITTEE ACTION

ADOPTED _____ (Y/N)
ADOPTED AS AMENDED _____ (Y/N)
ADOPTED W/O OBJECTION ☒ (Y/N)
FAILED TO ADOPT _____ (Y/N)
WITHDRAWN _____ (Y/N)
OTHER _____

Council/Committee hearing bill: Health Care Regulation
Representative(s) Flores offered the following:

Amendment (with directory and title amendments)

Remove everything after the enacting clause and insert:

Section 1. Section 458.3124, Florida Statutes, is amended
to read:

458.3124 Restricted license; certain experienced foreign-
trained physicians.--

(1) A person who was trained in a medical school that is
listed in the World Directory of Medical Schools published by
the World Health Organization and is located in a country other
than the United States, Canada, or Puerto Rico may apply to take
Step III of the United States Medical Licensing Examination, if
the person:

(a) Legally practiced medicine for at least 5 years in the
country in which the school is located;

(b) Has passed Steps I and II to include the clinical
knowledge and clinical skills components of the United States
Medical Licensing Examination;

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HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 1 (for drafter's use only)

(c) Is certified by the Educational Commission for Foreign Medical Graduates as qualified for a restricted license to practice medicine;

(d) Is not subject to discipline, investigation, or prosecution in any jurisdiction for acts that threaten the public health, safety, or welfare or violate chapter 456 or this chapter; and

(e) Has been a resident of this state for at least 5 years since July 1, 1996.

(2) A person applying for licensure under this section must submit to the Department of Health ~~on or before December 31, 2000.~~

~~(a) A~~ a completed application and documentation required by the Board of Medicine to prove compliance with subsection (1); ~~and.~~

~~(b) A nonrefundable application fee not to exceed \$500 and a nonrefundable examination fee not to exceed \$300 plus the actual cost to purchase and administer the examination.~~

~~(3) A person applying under this section may take the examination a maximum of 5 times within 5 years.~~

(3)~~(4)~~ A restricted licensee under this section must practice under the supervision of a licensee approved by the board, with the first year of licensure under direct supervision and the second year in community service under indirect supervision, including practicing with organizations that serve indigent populations, such as s. 501(c)(3) agencies, public health units, prisons, or other organizations approved by the board.

(4)~~(5)~~ Notwithstanding s. 458.311(1)(f), a person who successfully meets the requirements of this section and who

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HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 1 (for drafter's use only)

successfully passes Step III of the United States Medical Licensing Examination is eligible for full licensure as a physician.

~~(5)(6)~~ The board shall adopt rules to implement this section.

Section 2. Section 458.3126, Florida Statutes, is created to read:

458.3126 International Medical Graduates.—

(1) International medical graduates, also referred to as foreign trained physicians, are individuals who have trained in an allopathic foreign medical school that is listed in the International Medical Education Directory and is located outside the United States, Canada, or Puerto Rico. Pursuant to s. 456.021(1), it is the intent to use foreign-speaking state residents that are duly qualified to become actively qualified in their profession so that all people of this state may receive better services.

(2) This section provides a summary of the different avenues available for international medical graduates, these are not inclusive. It is recommended that individuals read the entire referenced section of statute to assure full compliance.

(a) To be eligible for full licensure as a physician, an international medical graduate must have a valid Educational Commission for Foreign Medical Graduates (ECFMG) certificate; complete a 2-year approved residency in one specialty area and obtain a passing score on all parts of the licensure examination of the United States Medical Licensing Examination (USMLE), pursuant to s. 458.311.

(b) An international medical graduate may receive a restricted license and sit for Part III of the USMLE examination

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HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 1 (for drafter's use only)

if they have passed Part I and II of the USMLE; is certified by the ECFMG; a resident of the state for 5 years; practiced under the direct supervision of a board approved licensed physician for the first year and the second year under the indirect supervision of a physician in a community setting that serves the indigent population, pursuant to s. 458.3124. If the person passes Part III of the USMLE they are eligible for full licensure, pursuant to s. 458.3124.

(c) Graduates of an international allopathic medical school may practice in a hospital or teaching hospital as a house physician, pursuant to s. 458.345. The registration application is renewable every 2 years, pursuant to s. 458.345.

(d) Visiting physicians may be issued a temporary certificate under ss. 458.3135, 458.3137, and 458.3145.

Section 3. This act shall take effect July 1, 2006.

===== T I T L E A M E N D M E N T =====

Remove line(s) 1-14 and insert:

A bill to be entitled

An act relating to physician licensure requirements; amending s. 458.3124, F.S.; revising criteria by which certain foreign-trained physicians may apply to take a certain portion of the United States Medical Licensing Examination; revising requirements for a foreign-trained physician applying for certain licensure; creating s. 458.3126, F.S.; defining the term "international medical graduates"; providing legislative intent; delineating the licensure options available for international medical graduates and providing statutory cross-references to the specific licensing provisions; providing an effective date.

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Committee/Subcommittee on HEALTH CARE REGULATION Bill No. HB 7045
Meeting Date 3-15-06 Time 8:45 Am Place 212 Knott Bldg.

☒ Favorable
☐ Favorable with Amendments _____
☐ Favorable with Committee Substitute
☐ Unfavorable
☐ Temporarily Deferred
☐ Reconsidered

[illegible]

Committee/Subcommittee on HEALTH CARE REGULATION Bill No. PCB HCR 06-02
Meeting Date 3-15-06 Time 8:45 Am Place 212 Knott Bldg

☒ Favorable 3
☐ Favorable with Amendments
☐ Favorable with Committee Substitute
☐ Unfavorable
☐ Temporarily Deferred
☐ Reconsidered

[illegible]

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 1 (for drafter's use only)

Bill No. PCB HCR 06-02

COUNCIL/COMMITTEE ACTION

ADOPTED _____ (Y/N)
ADOPTED AS AMENDED _____ (Y/N)
ADOPTED W/O OBJECTION ✓ (Y/N)
FAILED TO ADOPT _____ (Y/N)
WITHDRAWN _____ (Y/N)
OTHER _____

Council/Committee hearing bill: Health Care Regulation

Representative(s) Garcia offered the following:

Amendment (with directory and title amendments)

Remove line(s) 325 and insert:

prior to the expiration of the current license. If the renewal
application and fee are received prior to license expiration,
the license shall not be deemed to have expired if the
expiration date of the license occurs during the agency's review
of the renewal application.

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HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 2 (for drafter's use only)

Bill No. PCB HCR 06-02

COUNCIL/COMMITTEE ACTION

ADOPTED ☐ (Y/N)
ADOPTED AS AMENDED ☐ (Y/N)
ADOPTED W/O OBJECTION ☒ (Y/N)
FAILED TO ADOPT ☐ (Y/N)
WITHDRAWN ☐ (Y/N)
OTHER ☐

Council/Committee hearing bill: Health Care Regulation

Representative(s) Garcia offered the following:

Amendment (with directory and title amendments)

Remove line(s) 415 and insert:

remain in effect until the agency determines that the grounds
for the restriction are corrected.

HOUSE AMENDMENT FOR COUNCIL/COMMITTEE PURPOSES

Amendment No. 3 (for drafter's use only)

Bill No. PCB HCR 06-02

COUNCIL/COMMITTEE ACTION

ADOPTED _____ (Y/N)
ADOPTED AS AMENDED _____ (Y/N)
ADOPTED W/O OBJECTION ✓ (Y/N)
FAILED TO ADOPT _____ (Y/N)
WITHDRAWN _____ (Y/N)
OTHER _____

Council/Committee hearing bill: Health Care Regulation
Representative(s) Garcia offered the following:

Amendment (with directory and title amendments)

Remove line(s) 454 and insert:

a result of a natural or manmade disaster. Upon agency approval,
the

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Committee/Subcommittee on HEALTH CARE REGULATION Bill No. PCB HCR 06-04
Meeting Date 3-15-06 Time 8:45 Am Place 212 Knott Bldg.

☒ Favorable
☐ Favorable with Amendments _____
☐ Favorable with Committee Substitute _____
☐ Unfavorable _____
☐ Temporarily Deferred _____
☐ Reconsidered _____

[illegible]